## PROFESSIONAL'S INSPECTION RECORD

## DEPARTMENT OF MANAGEMENT AND BUDGET

## **Facilities Administration**

This form is required to verify visits by the professional service contractor on the job site. Complete this form and attach it to the appropriate payment voucher for services rendered. (Authority: 1984 PA 431)

PROFESSIONAL SERVICE CONTRACTOR					DATE		
INDEX NUMBER(S)		AGENCY NUMBER		FILE NUMBER	CONTRACT N	CONTRACT NUMBER	
PROJECT NAME							
DEPARTMENT/AGE	ENCY						
DATE PRO		DFESSIONAL		PURPOSE OF VISIT	TRAVEL TIME	SITE TIME	
FIELD REPRESENT.	ATIVE OR CONTR	ACT ADMINISTRATOR				DATE	
PROFESSIONAL SE	RVICE CONTRAC	ΓOR				DATE	